

## APPLICATION FOR ELECTRONIC FUNDS TRANSFER (EFT)

To be considered for participation in the Department of State's Electronic Funds Transfer (EFT) program, please provide the information requested below. Upon approval, your authorizing signature permits the Department of State to electronically transfer funds from your financial institution to a State of Michigan account.

**- PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR FILES -**

**NOTE: This application must be completed when you first apply to participate in the EFT program *OR* you change banks *OR* you have a bank account number change. You may either mail or fax your application to:**

Michigan Department of State  
Revenue Accounting Section  
7064 Crowner Drive  
Lansing, MI 48918  
FAX: (517) 322-6484  
Attn: Kate Lintner

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER (     ) \_\_\_\_\_ FAX NUMBER (     ) \_\_\_\_\_

DEALER NUMBER \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

### **AUTHORIZATION FOR VARIABLE WITHDRAWALS -- AUTOMATED CLEARING HOUSE DEBITS**

I hereby authorize the Department of State to make withdrawals from the account identified below at

\_\_\_\_\_  
(Depository Financial Institution, hereinafter referred to as DFI)

and authorize the DFI to charge such withdrawals to my listed account.

**Because these regular payments may vary in amount, the Department of State will provide a summary of all work processed.**

If the purpose for withdrawal is restricted in any manner, such restriction is stated below. Adjusting entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the Rules of the Michigan Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the Department of State.

DFI NAME	DFI ROUTING AND TRANSMIT NUMBER	ACCOUNT NUMBER TO DEBIT	TYPE OF ACCOUNT [   ] CHECKING [   ] SAVINGS
PRINTED NAME OF AUTHORIZING PARTY ZIP	ADDRESS	CITY	STATE
SIGNATURE OF AUTHORIZING PARTY		DATE	FEDERAL I.D. NUMBER
IS THIS A NEW EFT ACCOUNT? [   ] YES   [   ] NO	IS THIS A BANK ACCOUNT CHANGE? [   ] YES   [   ] NO	DATE WHEN OLD ACCOUNT WILL NO LONGER BE USED	ESTIMATED AMOUNT TO BE TRANSFERRED DAILY \$

**PLEASE ATTACH A VOIDED CHECK AND A DEPOSIT TICKET TO THIS APPLICATION**  
**On the back of this form, list the three Secretary of State offices where you wish to process EFT transactions.**

## BRANCH OFFICE SELECTIONS

Please list the addresses of three Secretary of State offices you will use to process EFT transactions. Identifying more than one location provides alternatives for transacting business should one of the branch offices be forced to close unexpectedly. You should consider selecting an Instant Title office as one of your choices, if this service would be helpful to you.

### FIRST CHOICE

Branch Location		
Address		
City	State	Zip

### SECOND CHOICE

Branch Location		
Address		
City	State	Zip

### THIRD CHOICE

Branch Location		
Address		
City	State	Zip